

INTER-HOSPITAL TRANSFER OF TRAUMA PATIENTS

Effective September 1, 1993

The following guidelines (American College of Surgeon's criteria) may be utilized to identify patients who are at a particularly high risk of dying from multiple and severe injuries. Ideally, such patients should be treated in a trauma center when continued exposure to such problems by multi-disciplinary team systems may afford a patient an optimum outcome. Such patients should be transferred to trauma centers from non- trauma facilities. The transfer should take place only after the sending physician in the non-trauma facility has conferred with the receiving physician at the trauma center.

TRAUMA SYSTEM ENTRY CRITERIA

1. CENTRAL NERVOUS SYSTEM

- a. Head Injury:
 - 1. Penetrating injury
 - 2. Depressed skull fracture
 - 3. Open injury
 - 4. CSF leak
 - 5. GCS less than or equal to 13
 - 6. Deterioration in GCS of 2 or more score points
 - 7. Lateral zing signs
- b. Spinal Cord Injury

2. CHEST

- a. Wide superior mediastinum
- b. Major chest wall injury
- c. Cardiac injury
- d. Patients who may require protracted ventilation

3. PELVIS

Pelvic ring disruption with shock, more than 5 units transfusion, evidence of continued hemorrhage, and compound (open) pelvic injury or pelvic visceral injury.

4. MULTIPLE SYSTEM INJURY

- a. Severe face injury with head injury
- b. Chest injury with head injury
- c. Abdominal or pelvic injury with head injury
- d. Second degree (or greater) burns with head injury (consider burn center)

5. SECONDARY DETERIORATION (LATE SEQUELAE IN TRAUMA SYSTEM PATIENTS)

WHO WERE NOT TRANSFERRED)

- a. Patients requiring mechanical ventilation
- b. Sepsis
- c. Single or multiple organ system failure (deterioration in CNS, cardiac, pulmonary, hepatic, renal or coagulation system).
- d. Osteomyelitis

PATIENT TRANSFER FROM RECEIVING HOSPITAL TO DESIGNATED TRAUMA CENTER

In the event that a hospital receives a trauma patient who meets trauma system entry criteria, or the trauma patient is unstable, or the hospital does not have the resources to take care of the patient, the hospital should:

1. Stabilize and care for the patient to the best of the facility's ability.
2. The hospital emergency physician or surgeon should contact the trauma center physician and mutually agree on whether patient transfer is needed.
3. Provide specialized personnel for transport as needed.

PATIENT TRANSFER BETWEEN RECEIVING HOSPITALS

All trauma patients meeting trauma system entry criteria and/or inter-hospital transfer criteria, (with possible exceptions), should consider transfer of these patients to a trauma center.

PATIENT TRANSFER BETWEEN TRAUMA CENTERS AND AN HMO HOSPITAL

When the HMO patient is treated at a trauma center, the HMO will be notified within 48 hours of patient arrival. The stabilized patient can be transferred to an HMO hospital when the trauma surgeon and the HMO physician mutually agree that transfer is in the patient's best interest.